



# CITY OF SURPRISE COMMUNITY & RECREATION SERVICES

## ADULT COED SOFTBALL FALL 2012



**COED SOFTBALL  
WEDNESDAYS**  
"Rec." & "D" Division

\$400

**PLEASE  
CHECK  
ONE...**

**COED SOFTBALL  
FRIDAYS**  
"B" / "C" Division

\$400

**PLEASE  
CHECK  
ONE...**

**COED SOFTBALL  
SUNDAYS**  
"Rec." & "D" Division

\$400

### REGISTRATION INFORMATION

**Returning Team Summer 2012 Resident Registration:** August 18  
(Rosters must consist of 90% residents; proof of residency required at time of registration)

**Returning Team Summer 2012 Non-Resident Registration:** August 20 & 21

**Open Registration:** August 22 & 23

\*\*\*All participants must be 18 years of age or older \*\*\*

#### **Team Registration Only:**

Register in person at: The City of Surprise Community & Recreation Services Department  
15960 N. Bullard Ave. Surprise, AZ 85374

**Office Hours: 7am - 6pm Monday thru Thursday**

For more information contact: 623.222.2000

#### **Coed Softball-Wednesdays "Rec." & "D" Division**

Season starts: September 5  
Double Header League  
**12 Game Season**  
Single Elimination Tournament  
16 Team Maximum

#### **Coed Softball-Fridays "C" / "D" Division**

Season starts: September 7  
Double Header League  
**12 game season**  
Single Elimination Tournament  
8 Team Maximum

#### **Coed Softball-Sundays "Rec." & "D" Division**

Season starts: September 9  
Double Header League  
**12 Game Season**  
Single Elimination Tournament  
16 Team Maximum

[www.surpriseaz.gov/recreation](http://www.surpriseaz.gov/recreation)

**Manager's Meeting TBD**

Individuals needing reasonable accommodations, please contact the  
Community & Recreation Services Department @ 623.222.2000

Team Name: \_\_\_\_\_

Manager's Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_

Address: \_\_\_\_\_ (City, State & Zip) \_\_\_\_\_

Phone: (hm.) \_\_\_\_\_ (wk./cell) \_\_\_\_\_

Email: \_\_\_\_\_

Asst. Manager's Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_

Phone: (hm.) \_\_\_\_\_ (wk./cell) \_\_\_\_\_

☐

I understand these programs are non-refundable. Manager's Initials: \_\_\_\_\_

As team manager, I verify that all names, addresses and phone numbers are correct, and that all players listed on my roster have read and understand this document. I understand that we must uphold the rules and regulations of the City of Surprise Community & Recreation Services Department and will be responsible for any damages and cleanup necessary. I understand each participant involved in sporting events, plays at his or her own risk and is responsible for his or her own health insurance coverage.

MANAGER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Staff Use Only

Cash Amount \_\_\_\_\_ Check#/Amount \_\_\_\_\_ VC/MC \_\_\_\_\_ Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

